MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO.			FILING DATE		
						APPLICANT(S)					

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		CLAIMS					
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP

	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP
1	1						51						
2	1						52						
3		2					53						
4		2					54						
5		2					55						
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8		2					58						
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44							94						
45							95						
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47							97						
48							98						
49							99						
50							100						
TOTAL IND.	3						TOTAL IND.						
TOTAL DEP.	12						TOTAL DEP.						
TOTAL CLAIMS	1						TOTAL CLAIMS						

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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